Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		15702	CERTIFICATE	OF DEATH	15704			
		PLACE OF DEATH a. COUNTY HARFORD b. CITY OR TOWN (If outside corporate limits.	MARYLAND I C. LENGTH OF STAY IN 16					
, ,	B	write RURAL and give nearest town)	ه و	Dorth EAST d. STREET ADDRESS	(Rural of 7 - 2 e. IS RESIDENCE ON A FARM?			
66		NAME OF First	orial Itospital		YES NO Nonth Doy Year			
	S. :	/	RRIED NEVERMARRIED 8. OWED DIVORCED	ADRAMS OF DEATH No. DATE OF BIRTH 10-26-66 9. AGE (In year last birthday yn) Manths Days Haurs Min.			
	10a duri	. USUAL OCCUPATION (Give kind of work done ing mast af working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) HARFORD, MARY	12. CITIZEN OF WHAT COUNTRY?			
	13.	FAMISE'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES?	Abrams	14. MOTHER'S MAIDEN NAME BETTY JOANNE REDRMANT	Mc MillAN			
	(Ye	s, no, or unknown) (If yes give war or dates af service	11		75. Union ave.			
		18. CAUSE OF DEATH (Enter only one cause per l PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).)	minant hepatil	INTERVAL BETWEEN ONSET AND DEATH			
		Canditians, if ony, which gave rise to immediate couse (o), stating the underlying cause	Course unde	termined.	4 days.			
J.	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port I or Port II of item 18.				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur o.m. p.m. 19		E OF INJURY (Home, form, 20f. (City or town ry, street, affice bldg., etc.)) (County) (State)			
		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased fram_v . 3 19 66 and that	death accurred at 2A M, fram caus				
	7	00000	mer M.D		22b. DATE SIGNED .			
1			omez, M.D.	22d. ADDRESS 419 S. Union ave	Havre de Grace			
0		BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	neth, Cem Bay Vie	W. Cecil Md.			
BI	1	ticks Home for	e FUNERALS,	250. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

SERVICE AND A SERVICE AND A SERVICE AND ASSESSMENT OF THE SERVICE ASSESSMENT OF TH

Louivillia V. Martin Address RFD#2, Box#112A Bel Air, Md. 21014 INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO DI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Fell off tractor & it ran over his head (City or town) (County) (Stote) Inquiry and in my opinion Undetermined manner Nov.4, 1966 TO FUNE. Health or if Address (Street, city, town, or county) Bel Air, Md. 21014 23d. LOCATION (City or Town) Nov.7.1966 Mt. Zion Meth. Com. Fountain Green Harf Co. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR BroadwayDREWilliams St. NOV 9 Milanles Bel Air, Maryland 21014 1966 6M 1/66 Joseph William Foster

e IS RESIDENCE ON A FARM?

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12 CITIZEN OF WHAT

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15704 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town write RURAL and give nearest town 20 ORACC d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARMS 3. NAME OF Middle 4. DATE Month OF DECEASED (Type or print) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** AGE (In years lost birthdoy) Months Doys Hours DIVORCED WIDOWED 1895 Dec. 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired)
Supply Clerk (COUNTRY? Govt. APG Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME David D. Brumbaugh Katura Ickes IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service Viola C. Brumbaugh. Street. Md. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work 196 6 to 21. I certify that (I) (this haspital) attended the deceased fram. 1966, that (1) (we) last 66, and that death accurred at 1130 M, fram causes and an the date stated above. saw the deceased alie 220 SIGNATURE STAFF PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S de Grace, Maryland NAME (Type) Havre 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Delta York Penna. Slate Ridge Cemetery 66 Nov. Burial REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Tarr Mig Funeral Home

Aberdeen. Md.

be executed within 24 haurs after death. papers. Pag hin 72 haurs i . = filled carban campletely remove pup ease Sician OR ATTENDING PHYSICIAN: The law requires that the death certificate 0 phy en attending p Dermit. signed by the burial-transit p Page 4 may be retained by the haspital ar attending physician. as the has been this certificate for detached directar, page 3 shauld be detache shauld be filed with the State Dept. O FUNERAL DIRECTOR: After

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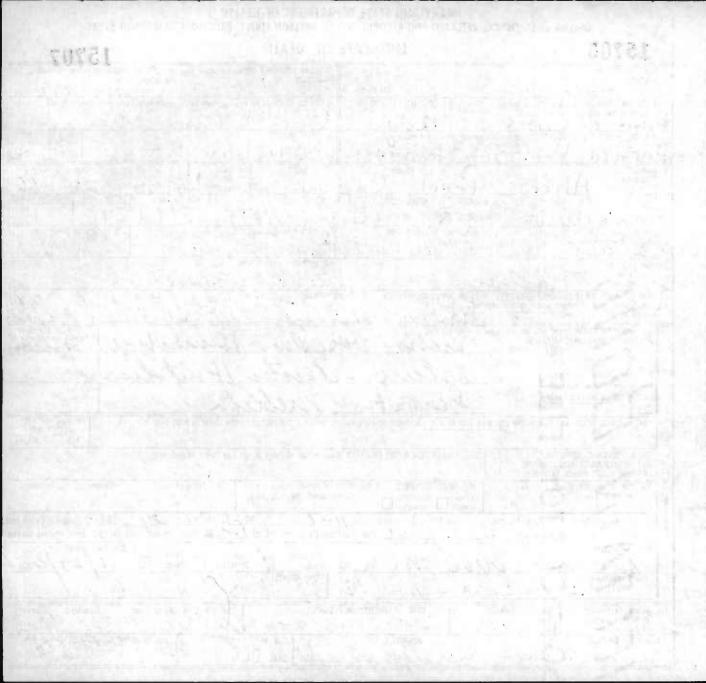
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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filled in papers.	T	d NAME OF HOSPITAL OR INSTITUTION (IF not in he hartford Memoria	H HOSPITAL	d. STREET ADDRESS		ON A FARM? YES NO NO
campletely ove carban y event, wil		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. M.	Pearl Cars	Lost 4. DATE OF DEATH	Manth Wem Der 2 9. AGE (In years IF UNDER 1 YE	29 19 66 EAR IF UNDER 24 HRS.
an and cam ase remove nd in any ev	100	EMALE White WI	DOWED DIVORCED 7	H 3 4 1888 V 11. BIRTHPLACE (County & Stote, or f	description (Manths Description Country) 12 CITIZE	ays Haurs Min.
physican cen please aval, and in	(EATHER'S NAME	Allesteen Prov. Dud	Marylano 14. MOTHER'S MANDEN NAME	Contract of the contract of th	TRY3/ 8/
signed by the attending they can and campletely filled in by the fur signed they are the signed to the propers. Pages I burial, cremation, or remaval, and in any event, within 72 haurs after		WAS DECEASED EVER IN U.S. ARMED FORCES? BS. DO'SO'UNKNOWN) ((If yes give wor or dotes of servi		Leal Ja	Messon Address	6 010
the atter sit perm nation, o		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c).)	martin Carson	- Havrede !	INTERVAL BETWEEN ONSET AND DEATH
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as been sig as the bu priar ta bu		rise to immediate cause (a), stoting the underlying cause (c)	Prubatis	Welleto		
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shauld vith the		saw the deceosed alive on	- 29 1966, and that			date stated obove.
Function of the State Dept. of State Office of	35	22 PHYSICIAN'S NAME (Type) I IP II A L i	VACHSMAN MA	PHYS. DIRECTOR 22d ADDRESS Ave de	Grace Mid	19/46
FUNERAL director, po shauld be f	230	D. BURIAL, CREMATION, REMOVAL (Special) 23b. DATE THEREOF ACC. 2 19	166 asbury Cen	REMATORY 23d to	OCATION (City or Tawn) (Co	ounty) (State)
VR A15 (4) 20 M 1/66	24	LEUNERAL DIRECTOR ALLEUSON	ADDRESS ADDRESS Perinill	DATE DEC 1	75-0	ANURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DE and 2 death. death. PLACE OF DEATH a. COUNTY 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY by the fine Pages 1 urs after a. STATE arvland after a. STACE MARY LATE D. COUNTY HAPZ Ord

C. CITY OR TOWN (If outside obsporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, I completely filled in by t ove carbon papers. Page y event, within 72 hours at c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours PPU WOO CIROUND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO L executed within 3. NAME OF Middle Last DATE Day Month Year DECEASED OF (Type or print) UMMINGS 1966 DEATH and con remove 5. SEX 6. COLOR OR NEVER MARRIED DATE OF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED DIVORCED d by the attending physician stransit permit. Then please r cremation, or removal, and in 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be INDUSTRY COUNTRY? Warrant HRMI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address death (If yes give war or dates of service) itel 6. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the has been signed by te as the burial-transit prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY REDFORMED? TO FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health p 19. 10 YES NO T hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm. 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While Àq p.m. 19 at work at work retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 245 M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22a/ 22b. DATE SIGNED be ATTENDING PHYS. M.D. DIRECTOR Page 4 may O HOSPITAL director, p PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Spectfy) 24. FUNERAL DIRECTOR ADDRESS. REC'D BY REGISTRAR 25b. 25a. REGISTRAR'S SIGNA VR A15 (4) 66 20M 1/65

HEALTH DEPT.

along with form PM3. Page

Office

Tond 2 with the State Deportment of in ony event within 72 hours after death.

deloy is

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours after deoth. If

"pending"

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4		15707 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 157119
		ACE OF DEATH COUNTY HRYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY 14 17 50 7 61
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write, RURAL and give nearest tawp) NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Length of STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) He close the corporate limits, write RURAL and give nearest tawn) AMME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Length of STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) He close the corporate limits, write RURAL and give nearest tawn)
6		tarterd Memorial Hospital 551 Bour box ST VES NO DE
	- 1	AME OF First Cecelia Dal tow lost 4. DATE November 22 19 66
	S. S	6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Junty 19 Juny 19 J
	10a.	JSUAL OCCUPATION (Give kind of work done Re 10b. KIND OF BUSINESS OR INDUSTRY) Home 11. BIRTHPLACE (State or fareign country) COUNTRY?
	13.	TALEN CrothERS ANNI TREMULE
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 19. OF OCH AN CONOCI'N GOMBLE SECURITY NO. 17. INFORMANT 19. OF OCH AN CONOCI'N GOMBLE SECURITY NO. 18. INFORMANT 19. OF OCH AN CONOCI'N GOMBLE SECURITY NO. 19. INFORMANT
		B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebra Viscoular Accident ONSET AND DEATH
		Conditions, if any, which gave (b) Hypertens, Le +Arter-105cler-011c
		otating the underlying cause (a), (c) Cardiovascular ceyebral Disease
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) PRIMARY OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 At While at work at
		21. I certify that I taak charge af the remains described above, held on Autopsy, Inspection Z, Inquiry Q, ond in my opinion death resulted fram: Natural causes Z, Accident, Suicide, Homicide, Undetermined monner
		ACTUAL SIGNATURE DEVALUE FALMEN M.D. ASSISTANT MEDICAL EXAMINER BOLA 122. DATE SIGNED
		EXAMINER'S GETAIN EPAIN EPAIN Address (Street, city, tawn, or county) 11 - 23 - 46 Address (Street, city, tawn, or county)
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11-36-66 Pleasent Grove Peach Bottom PA.
	2	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE ON ON 28 1966 GUARDES Jusque

VR A15ME (5) 6M 1/66

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages the funeral director. Page 4 should be forwarded to the Chief Medical Examined

Health or its designated agent, prior to burial, cremation, or removal, and

FOR STATE

HEALTH DEPT

PM3. Page 2, ond 3 to es 1 and 2 with the State Department of ony event within 72 hours ofter death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form 5 may be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health or its designated agent, prior to burial, cremation, or removal,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

			TICAL RESE	ARCH AND RECORDS	s, 301 W.	PRESTON STRE	EET, BAL	TIMORE, MARY	LAND 21	201		
	15708	3	MED	ICAL EXAMINE	R'S CEF	RTIFICATE O	F DEA	ATH	15	711	1	s 🐞*
1.	PLACE OF DEATH				11	CTATE		eosed lived, if institut		ice befor	e odmissio	n)
	o. COUNTY Ha	rford		MARYLAN		o. STATE Mary	land	b. COU	Har Har	for	d	
		If outside corporate limi	ts,	c. LENGTH OF STAY IN 1	b c. (ITY OR TOWN (If al	ıtside corp	orate limits, write RU	RAL and giv	e neores	t town)	
	Havre	d give neorest town)	Э	4 days		Aberde	en			121	/	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol,	give street address)	d.	STREET ADDRESS					e. IS RESID	
	Harfo	rd Memor:	ial Ho	spital		403 Fo	rd S	treet				NO 🔀
3.	NAME OF	F	irst	Middle		Lost	4. DATE	Mon	th	Doy	Ye)[
	(Type or print)	Hatt:	ie	M. 1	Day		OF DEAT	rh 5 Novi	meber	3	19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [B. DA	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	1 YEAR Days	IF UNDER	24 HRS.
F	emale	White	WIDOWED	DIVORCED [] 27	an 18	87	79 yrs.	MOIIIIIS	Daks	Honiz	Will.
	o. USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR	11	. BIRTHPLACE (Stote	or foreign	country)		TIZEN OF		
GUI	Ticke	t Seller		DUSTRY Leater	li li	arford	Co.	Marylan		I.S.	Α.	
13	. FATHER'S NAME					MOTHER'S MAIDEN						
	Alex	Cullum				Susan W	hite	omb				
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. INFOR	MANT		Addre	BSS	Tit.		
(,	No	(ii yes give wor or doles		5-32-06/15	Joh	n H. Da	v Jr	Havre	de (inac	9.	Md_
	18. CAUSE OF DE	EATH (Enter only one co TH WAS CAUSED BY:	use per line for			1 6	4.			INT	ERVAL BET SET AND D	
	PARI I. DEA	IMMEDIATE CAUSE	(0)	roctus.	-6	r. Le	M	47		ON	JLI AND D	LAITI
	7040		10									
	Conditions, if ony, rise to immediat		(b)									
	stoting the unde		10									
	last.)	(c)									
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ğ										YE		NO 🔼
CERTIFICATION	2Do. EXTERNAL CA PRIMARY ☑ or CO CAUSE OF DEATH.	NTRIBUTING	20b. DE	ESCRIBE HOW INJURY OCCU	RRED. (Enter	noture of injury in	Port I or P	Port II of item 1B.)				
MEDICAL	2Dc. TIME OF INJU Hour o.n	URY Month, Doy, Yeor	66 2Dd 1 While of wor	Not While	e. PLACE OF	INJURY (Home, form reet, office bldg., etc.)	n, 2Df.	(City or town)		unty)	N	Stote)
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			al causes	Accident X	Suicide	, Hamicide		Undetermined m		7		
	(20	. 0			CHIEF MEDICAL		11 -	-66			
	ACTUAL SIGNATURE	levall t	1 al	mer	M.I	ASSISTANT MED	ICAL EXAM	INER .		2	22. DATE	SIGNED
	EXAMINER'S					DEPUTY MEDICA	AL EXAMIN	ER 🗷 🖯	201	1:	, /	uf
	NAME (Type) G	erald C.	Palme	r M.D.		Address (Street	t, city, tow	n, or county)		1 0	1	
230	o. BURIAL, CREMATIC	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETER	Y OR CREM	TORY	23d.	LOCATION (City or To	wn)	(County)	(5	tote)

REMOVAL (Specify)
Billy 1 a 1
24. FUNERAL DIRECTOR -8-66 ADDRESS
Tarring Funeral Home
Aberdeen, Maryland Aberdeen,

2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1966

DATE NOV

All the control of the part of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH COUNTY a. COUNTY MARYLANO lay is necessary, 13 to the funeral Page 5 may be Department after death. OR TOWN If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7-1180 70 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 0 State hours a NO F YES any dela 2, and PM3. F Month DATE Middle 4. NAME OF First Last 3. OF the 72 DECEASED OVEMbes-DEATH / 19 (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH 4--SEX 6. COLOR OR RACE ive Pages 1, with form 7. MARRIED last birthday) | Months | Oays after death. WIDOWEO DIVORCEO DE 12. CITIZEN OF WHA BARTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11 COUNTRY? MEDICAL EXAMINER: This certificate should be executed within 24 hours after d secute the certificate, writing the word "pending" in pencil in Item 18. Give Page 4 should be forwarded to the Chief Medical Examiner's Office along with during most of working life, even if retired) MOTHER'S MAIDEN NAME 13. FATHER'S NAME in Da File 15. WAS DECEASED EVER IN U.S. ARMED FORCES.
(Yes, no, or uplown) (If yes give war or dates of service) INFORMANT 16. SOCIAL SECURITY NO. 17. permit. I INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the the word o S underlying cause last (c) used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. CERTIFICATION PERFORMED? NO DE YES the certificate, writing the should be forwarded to DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS 20b. PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Pid 3 should agent, p 20e. PLACE OF INJURY (Home, farm, factory, street office bldg., etc.) (County) (State) 20d. INJURY OCCURRED 20f. (City or town) CAL TIME OF INJURY Month, Day, Year 400 Not While While at work 160 at work CTOR: Page designated inquiry V and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy inspection DIRECTOR: Undetermined manner Homicide Accident Suicide death resulted from: CHIEF MEDICAL EXAMINER Page 4 s for your its DATE SIGNED execute ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURI OL for DEPUTY MEDICAL EXAMINER FUNERAL I please ex director. retained **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) CEMETERY OR CREMATORY 23b. DATE THEREOF MAME OF (BURIAL CREMATION, REMOVAL (Specify) JO. 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. FUNERAL DIRECTOR VR A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15710 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: I. PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Maryland Harford Harford 1 3 to Page df. death. MARYLAND delay LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Bel Air 10 (1) (0) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 18. Give Pages 1, 2 along with farm haurs 210 Marshall Drive South Main Street YES NO 24 haurs after death. 4. DATE Month Doy Year Middle 3 NAME OF First Lost 5 66 DECEASED the William Bartlett Evans Nevember 19 DEATH within (Type or print) YEAR IF UNDER 24 HRS. with 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours Min July 5, 1921 Male White DIVORCED WIDOWED Item 18 Office event N gud 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) **District Managor** INDUSTRY Davis Co., Kentucky Bottled Gas any = Examiner's 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME pencil executed within Margaret Ellis Hines Keller Evans 17. INFORMANT (W1fe) 838-6956 Address P.O. Box #21 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. ⊆ rd "pending" in Chief Medical B (Yes, no, or unknown) (If yes give wor or dotes of service) 406-12-8522 Mrs. Emogene L. Evans Bel Air. Md. 21014 remova Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY 01 This certificate shauld be D IMMEDIATE CAUSE (o) writing the word cremation, DUE TO the Conditions, if ony, which gove (b) rise to immediate couse (a). farwarded ta DUE TO stoting the underlying couse 0 OS burial, WAS AUTOPSY nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? CERTIFICATION NO please execute the certificate, to pe pe 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20o. EXTERNAL CAUSE WAS prior 0 PRIMARY Or CONTRIBUTING 4 should 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL agent, (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. yaur Not While FUNERAL DIRECTOR: Page ot work Page designated 21. I certify that I taak charge of the remains described abave, held an Autopsy Inspection X and in my apinion Inquiry far Natural causes Homicide Undetermined manner death resulted fram: Accident Suicide funeral directar. ber retained CHIEF MEDICAL EXAMINER 22 DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER ar **EXAMINER'S** Gerald C. Palmer. M.D. Health Address (Street, city, town, or county) may NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) the 23b. DATE THEREOF 23o. BURIAL CREMATION. 0 REMOVAL (Specify) Nov. 26, 1966 Rose Hill Cometery Owensboro, Davis Co. 24. FUNERAL DIRECTOR W. Broadway & Williams St.

Bel Air, Maryland 21014

VR A15ME (5) 6M 1/66

Joseph William Foster

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15711	CERTIFICATE	OF DEATH		15713				
I. PLACE OF DEATH o. COUNTY Harford	MARYLAND	o. STATE Mar	Where deceased lived, if institution b. COUNTY	Harford				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Whiteford	c. LENGTH OF STAY IN 16 82 years		tside corporate limits, write RURAL al-Whiteford	12.1				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito	l, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First DECEASED (Type or print) BRYAN	P. FORD	Lost	4. DATE Month OF NOV.	1, Year				
S. SEX 6. COLOR OR RACE 7. MARRIE Male White WIDOWE	The value of the second	DATE OF BIRTH	. Later Land	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.				
	KIND OF BUSINESS OR LINDUSTRY Late	11. BIRTHPLACE (County Whitefo	& Stote, ar fareign country) rd, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Thomas Ford			llen Allison					
(Var no or unknown) (If you give way or dates of capital)		ven B. For	Address d, Whiteford,					
11/17 4	for (o), (b), and (c).) ngestive hes	at fach	AC.	INTERVAL BETWEEN ONSET AND DEATH				
Canditions, if ony, which gove rise to immediate couse (a),	ocatensive Ac	Terioscleret	c heart dise	ese 10 years				
last. (c)	and thrombisis	2 Femores	1 Lest Les	3 WK				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION Advanced pulmon 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERL	any Cibrosis	+ emphyse	ma.	PERFORMED? YES NO				
	DESCRIBE HOW INJURY OCCURRED. (Enter nature at injudy in						
Hour o.m. Wh		E OF INJURY (Hame, form ory, street, office bldg., etc.)		(Caunty) (State)				
21. I certify that (I) (this haspital) attacks the deceased alive an	ended the deceased fram	death accurred at	958, to 1100 9:15M, fram causes ar	, 19 <u>66</u> , that (I) (we) las nd an the date stated abave				
Edwar W. White	220, SIGNATURE W. WRETEN THE SIGNED MED. STAFF NOV. 2, 1966							
	teford, Jr.		ord, Md.					
230. BURIAL, (REMATION, SEMOVAL (Specify) Nov. 4, 1966		ce		ork Co., Pa.				
24 PUNERAL DIRECTOR	ADDRESS Delta, Pa.			STRAR'S SIGNATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then places remaye carban papers. Pages 1 and 2 should be filled with the State Dept. af Health prior ta burial, cremation, ar remayal and any event, within 72 hours after derth.

VR A15 (4) 20 M 1/66

1 4 5 6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages A and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15712 CERTIFICATE OF DEATH 15714

1.	a. COUNTY					2. USUAL RESIDEN a. STATE	CE (Where	e deceased lived, If in b. COU		ce before ad	Imission)
	Harfo			MARYLA		Man	rylan	nd	Harfor	d	V
	b. CiTY OR TOW write RURAL	N (if outside corporat and give nearest tow	e iimits, n)	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II	foutside	corporate limits, w	rite RURAL and g	lve neares	t town)
	Aberdee	en Proving	Groun	d		Edgewood d. STREET ADDRESS	Mar	vland	1	2-1	
	G. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not i	n hospital, give street add	ress)	d. STREET ADDRESS				e. IS RES	ARM?
		my Hospita	1			2407 Syca	more	Lane			NO
3.	NAME OF DECEASED		rst	Middle		Last	4. DA		th Da	y Yea	ır
	(Type or print)	Dav				GERBER		Nov	24	19 (
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	3 8	. DATE OF BIRTH		9. AGE (In years last birthday)	Months Days		Min.
	Male	White	WIDOW			30 Jan 28		38 yrs.			
dur	I. USUAL OCCUPAT ing most of work	ION (Give kind of working life, even if retire	ione 10b	. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C	ounty & S	tate, or foreign countr	y) 12. CITIZEI COUNTE		
	Foreman	(Bldg.)	0	rd. Product	S	New York			USA		
13.	. FATHER'S NAM	E				14. MOTHER'S MAII	DEN NAM	E			
	Sol Gerl					Elizabet	ch Ba	uer			
15 (Ye	. WAS DECEASED I	VER IN U.S. ARMED FO (If yes give war or dates o	RCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Addre	ess		
	Yes	Mar 46-66		078-22-9536		Maryland St	tate	Patrol			
	18. CAUSE OF	DEATH [Enter only on		er line for (a), (b), and (c).					0.0	ERVAL BET	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(2)	ultiple Injur			mple	tion of au	topsy	SEI AND L	ZEATH
	8251	f DUE	and	toxicology s	tud	ies					
	Conditions, If		(b)								
	gave rise to cause (a), st	Immediate (11.75 - 10			3 1/101		
_	underlying caus	e last.	(c)								
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTR	IBUTING TO DEATH BUT NOT	TRELA	TED TO THE TERMINAL	DISEASE	CONDITION GIVEN IN	PART 1(a) 19	. WAS AU	TOPSY MED?
ICA									1		NO 🔲
RTIF	20a. ACCIDENT	WAS UNDERLYING AND CAUSE OF DEATH	1H 20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f Injury I	n Part I or Part II	of Item 18.)		
	(IF EITHER, NOT	IFY MEDICAL EXAMIN	IER) C	ar accident							
CAL		NJURY Month, Day,		I. INJURY OCCURRED 200	B. PLAC	E OF INJURY (Home, fa	arm, 20	f. (City or town)	(County)	arfof	tate)
MEDICAL	8:15 xx	Nov 249	66 Wh	ile Not While Nork at work	Rte	y, street, office bldg., 6	n	ear Belca	mp, Mary	land	
				nded the deceased from	m	DOA 1	900000	10 29 Nov	66, 19	that (1) (9	na last
				Nov 19 66, and							
	22a. SIGNATU	11.12	1	W		ATTENDING /	MED	OTACC	22b. DATE S		
		III NOW	lum	dL	M.D.	PHYS.	MED. DIRECTO	R PHYS.	25 Nov	66	
	22c. PHYSICIA NAME (Ty	pe)				22d. ADDITESS					
		MTTTT2 1		EPHENS, CPT.,				ospital, A			
23a	 BURIAL, CREM REMOVAL (Spe 	ATION, 23b. DATE 1	HEREOF	23c. NAME OF CEM				LOCATION (City, 1			ate)
-	Burial	111-28-	-66	Baltimor	e N			Baltimor			
24	Welste	Macou	u s	ADDRESS				EGISTRAR 256. F	May !		Lee
T	arring	Funeral H	lome,	Aberdeen,	Ma	rylahom [VUV ,	29 1966	1	0	1

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THE P. MICHELLER

HILLIAN B. SEMPLES, SPE., NO. Mark Amy Homolive L. AEG, MG. Direct Leader Lefter Land David Control of Manager Land

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10/1		12113	CERTIFICATE	OF DEATH		5715
uneral 1 and 2 2r death		PLACE OF DEATH HARford	MARYLAND	2. USUAL RESIDENCE (Where of STATE MARY)	deceased lived, if institution: b. COUNTY	Residence before admission)
g physician and campletely filled in by the funeral Then please remove carbon papers. Pages 1 and moval, and irrany event, within 72 haurs after deat		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tays.) HAVRE GERMAN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside of	1	121
filled in papers. hin 72 h	6	A NAME OF HOSPITAL OR INSTITUTION (IF not in	/ Hospital	d. STREET ADDRESS Willough by	Beach R	e. IS RESIDENCE ON A FARM? YES NO
pletely carbon ent, wit		NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7	MARIED NEVER MARRIED N		DE Month DE Molem be 19. AGE (In years IFI	Doy Year 2 19 6 6 JINDER I YEAR IF UNDER 24 HR
d cam		FEMALE White	WIDOWED DIVORCED	July 4, 1887	last birthday) Ma 79 yrs.	nths Days Haurs Min
ease reand in	10a duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BirthPLACE (County & Stote Edgewood, Hai		12 CITIZEN OF WHAT COUNTRY?
physi hen pl	13.	FATHER'S NAME Morris M. Coulte	r	14. MOTHER'S MAIDEN NAME Emma Bunce		
the attending isit permit. Th natian, or rem		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates af se	(asima)	informant s. Florence Spe	Address ealman, Edgew	ood, Md.
ian. by the attending phys transit permit. Then p crematian, or removal,		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	LO TI			INTERVAL BETWEEN ONSET AND DEATH
pnysic signed burial- burial,		Canditions, if any, which gave is to immediate cause (a),	Rupture 21	Livetical	a of Con	Pon & day
as been as the priar to		last. (c)	V		V	The was all tops
1/ 5° 5° 0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	D. and Ot	esety		19. WAS AUTOPSY PERFORMED? YES NO
ا الله	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.			
de de	MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		CE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ed in ed		21. I certify that (I) (this haspit sow the deceased alive on	al) attended the deceased fram	10-25, 19 6 t death occurred of 92		, 19 <u>66</u> , that (I) (we) I an the date stoted abo
Dererained DIRECTOR: A ge 3 shauld iled with the	_	220. SIGNATURE	Ecologues M.	D. PHYS. MED. DIRECT	STAFF C	11/2/66
- 07-		22c. PHYSICIAN'S NAME (Type) Educate	& C.Loo, Mi	22d. ADDRESS	de Grace	2, And.
rage 4 may TO FUNERAL director, po should be f	230	BURIAL, CREMATION, REMOVAL (Specify) Purial Nov. 5.19			3d. LOCATION (City or Town) Joppa	(County) (State) Harford Md
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY R	EGISTRAR 25b. REGISTE	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15716

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Harford MARYLANO	a. STATE Maryland b. COUNTY Harford
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural-Forest Hill 40 years	Rural-Forest Hill /2./
	d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
	Bymum Road	Bynum Road ON A FARM?
3.	NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Nancy Catherine Hage	DEATH NOVEMBER 4, 19 00
5.	A WANTED OF MEAN MAINTED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1
		farch 25, 1898 68 yrs. Months Oays Hours Min.
10a dur	. USUAL DCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
M	anager-Owner Restaurant	Independence, Virginia U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME
	Fielden Isom	Hattie Thorn
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT (Husband) 838-348 hadress RFD, Bex 222
(18	s, no, or unkown) (If yes give war or dates of service) No 217-18-5200A Mr.	Rebert G. Haga Ferest Hill Md.21050
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Rebert G. Haga Ferest Hill Md.21050
	PART I. OEATH WAS CAUSED BY: Contro Variable	ONSET AND DEATH
	2311	i masen ()
	Cenditions, if any, which	
	gave rise to immediate	
	cause (a), stating the DUE TD	
N	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAT	FFO TO THE TERMINAL PROPERTY ON OUT ON OUT THE PROPERTY OF THE WAS ALTERDAY
CERTIFICATION	TAKT II. OTBEK SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELAT	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{YES} \(\text{NO} \) ND \(\text{X} \)
TIF	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
CER	20a. ACCIOENT WAS UNDERLYING DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
SAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Mille Wille Wille	y, street, office bldg., etc.)
Σ	p.m. 19 at work at work	A self self
	21. I certify that (I) (this hospital) attended the deceased from [1]	
	saw the deceased alive on 11 - 19 C.L., and that	death occurred at // /? M, from the causes and on the date stated above.
	90 11 0 P 1 200	ATTENOING MEO. STAFF NOT 5 1066
	22c. PHYSICIAN'S M.O.	PHYS. OIRECTOR PHYS. 140000
	NAME (Type) Gerald C. Palmer, M.D.	S. Main St., Bel Air, Md. 21014
23a.	BURIAL CREMATION 23h OATE THEREDE 23c NAME OF CEMETERY	
	Burial Nov.7.1966 Bel Air Memoria	
24.		
1	W. Broadway & Willia	LINS
	Bel Air, Maryland 21	1014 DATE NOV 9 1966 Ochanles Judge

VR AI5 (4) 20M 1/65

Joseph William Foster

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death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending thy sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

15415		GEN		- 0. 0				•
1. PLACE OF DEATH			1	2. USUAL RESIDEN	CE (Whare dace			ce balore admission)
•. COUNTY Harf	ord	м	ARYLAND	. STATE Mary	land	b. COUNT	Harfo	rd
b. CITY OR TOWN (if ouls write RURAL end give	ida corporala timils,	c. LENGTH O	F STAY IN 16	c. CITY OR TOWN (If outside corpor	ate limits, write F	URAL end give	nearast town)
Rutledge	neerasi town)	76 7	rs.	Rutl	edge		12	
d. NAME OF HOSPITAL C	OR INSTITUTION (if not			d. STREET ADDRESS				a. IS RESIDENCE
Park Ro	ad			Park	Road			YES NO
3. NAME OF DECEASED	First	Mid	dia	Last	4. DATE OF	Month	Dey	Year
/Type or print)	leorge	Leo	Hanlor	7	DEATH	Novemb	er 25	. 1966
	COLOR OR RACE 7. M.			DATE OF BIRTH	9.	AGE (In years I		
Male W	hite wid			anuary 2,	1890	76 yrs.	Months Deys	Hours Min.
1Da. USUAL OCCUPATION (dona during most of working	Give kind of work	Db. KIND OF BUSINES	SS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & Stete, or fo	oreign country)	12. CITIZEN C	F WHAT COUNTRY
Farmer		den. farn	ning	Rutledge	. Marv	land	U.3	.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
James H	lanlon			Margaret	Dalto	n		
15. WAS DECEASED EVER IN (Yas, no, or unkown) (If yesg			ITY NO. 17. II	NFORMANT		Feddra	1 Hill	Road
NO (ITYES	2]	9-36-243	5 Mrs	. Ethel I	vnch	Rock	s, Md.	21141
IB. CAUSE OF DEAT	H [Enter only one cause				- 0		TIN	TERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY	Probable	Acut	Myseardick	Das fre	15 ties	ON	NSET AND DEATH
IMME	DUE TO	1 / po o woo	- Acao	ragorencaci	Truju	qui		MUMBO COLO
Conditions, il any, wh							PH 11 2	
gava risa to immediata c	ause							
(a), stating the underly	ying DUE TO							
cause lest.) (c)	CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TERMI	NIAL DISTAGE CO	ONDITION CIVE	LINE DART 1(-): 1	V2GOTILA 2AW OF
PAKI II. OTHER SIGI		CONTRIBUTING TO	DEATH BUT NO	KELATED TO THE TERMI	MAT DISEASE CO	DINDITION GIVE		PERFORMED?
5 LW	anow	The second						YES NO
PART II. OTHER SIGI	AUSE OF DEATH	DESCRIBE HOW IN.	JURY OCCURRED	. (Enter nature of injury i	n Part I or Part II	ol item 1B.)		
2Dc. TIME OF INJURY Hour a.m.	Month, Day, Year	2Dd. INJURY OCCUR		E OF INJURY (Homa, fare		or town)	(County)	(State)
Hour a.m.		Whila Not Whila	facto	ry, streat, office bldg., etc)	-11		
	- 17			4/5	10hh 1-	4/5	10/10	1 (I) () l
21. I certify that saw the deceased						he causes an		that (I) (🖚) last te stated above.
224 SIGNATURE	2. 1		A	Jan. Securios dipo.				22b. DATE
Janus Fil	Muly b at	direction	A M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
21c. PHYSICIAN'S NAME (Type)	Dr. C	Zevald Po	elmer	22d. ADDRESS Tarre	ettsville	md.	2108	34
230. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME	OF CEMETERY C	OR CREMATORY	23d. LOCAT	TON (City, town	or county)	(State)
REMOVAL (Specify) Burial	11/28/19	66 St.	Johns		Hve	de	Marvla	nd
24 FUNERAL DIRECTOR'S SI		ADDRES		25a. RE6	C'D BY REGISTR	1	STRAR'S SIGNA	TURE
		arrettsv		Md. DATE	NOV 28	1966	Milane	es Julas
							11-	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15716	CERTIFICATE OF DEATH	15718
1. PLACE OF DEATH		(Where deceosed lived, if institution: Residence before admission)
o. COUNTY HARbORS	MARYLAND O. STATE	ARGIANG YCOUNTY HARFORD
b. CITY OR TOWN (If autside carporate limit write RURAL and give neorest wwn)	0 10	outside corporate limits, write RURAL and give nearest town)
HOURE GE GEA	rcc, 30day Be 1	+1R 12-1
d. NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	REG HOSPAN RT21	320 DAJF. FIRE VES NO NO
3. NAME OF DECEASED	irst " Middle Lost	4. DATE Nonth Day Year OF DEATH Novembee 25, 19 66
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED B. DATE OF BIRTH	DEATH / VO Vembee 25, 19 66 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male in		Nost birthday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Cour	nty & Stote, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	NETON, MZ. GUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDE	
EDWARD C. H	LOPKINS ELIZA	BETH OBERLANDER
15 WAS DECEASED EVER IN ILS ARMED EORCES?	of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, na prunknown) (If yes give war ar dotes	314-34-4461 WK2 EKNE	ST HENRY, WHITEFORD, MD
18. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY:	use per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE		Zaayo
Conditions, if ony, which gove	Partinal. Jalan	nack
rise to immediate cause (a),	(b) PER PROPERTY	
stating the underlying cause last.	(1) Linetes Alast	Ica Sweeps
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
CATIO		YES NO D
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury	in Port I or Port II of item 1B.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Manth, Day, Year Hour o.m.	20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, for foctory, street, affice bldg., e	
p.m. 19	ot work U at wark U	10// 1/ 1/ 25 10 // 11 1/0/ 11
21. I certify that (1) (this has	spiral) attended the deceased fram COCT 200	, 19 Cb, ta Nov 25, 19 4 that (I) (we) last at 25 M, from couses and an the date stated above
220. AGNATURE	1 -91	12 P. 22b. DATE SIGNED
James WY	M.D. ATTENDING D	MED. STAFF DIRECTOR DIPHYS. D 11-28-66
22c./PHYSICIAN'S WAME (Type)	22d. ADDRESS	Z - M-
O HINES	McC. FINNEY HAURE	
23o. BURIAL, CREMATION, 23b. DATE TH		23d. LOCATION (City ar Town) (County) (State)
BUNKAL (Specify) Nov. 2	9,1966 DARLINGTON ADDRESS 250. RE	ECO BY REGISTRAR 250 REGISTRAR'S SIGNATURE
TONERAL DIRECTOR		10V 30 1966 Milarles Judge

SITE! CHECKED TO THE REAL PROPERTY OF THE PARTY OF THE PA 15716 The same of the sa The section of the section of the A MARKET STORY, YOURSELD SHOULD SHOUL LIM LATER STATE PROPERTY AND THE SHOPE Miles with a second of the sec

AND OF PERSONS AND TOWN OF STATE OF STA

FOR STATE HEALTH DEPI. PM3. Page any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta Say event within 72 haurs after death and 2 with the State Department of the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm This certificate shauld be executed within 24 haurs after death. If 6 C

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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STATE		15717 MEDICAL EXAMINER'S CERTIFICAT	TE OF DEATH 15719
DEPT.		1. PLACE OF DEATH o. COUNTY Horas J- Go J- d MARYLAND 2. USUAL RESID o. STATE	ENCE (Where deceosed lived, if institution, Residence Vefore admission) b. COUNTY Leo-
rtment er dea		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e G Y & E Be	(If outside corporate limits, write RURAL and give nearest town)
e Depa	99	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) DOA H21-for-d Monorial Hospital 132	
he Stat		3. NAME OF DECEASED (Type or print) Dale C. Hudgins	4. DATE Month Doy Year OF DEATH NOVEMBER 1/ 1966
peges and 2 with the State Department in bay event within 72 haurs after deat		S. SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED Caug 21-	1933 - 9. AGE (In yeors IF UNDER YEAR IF UNDER 24 HRS IF U
ave a		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR (INDUSTRY) Md. Tenle	(State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
		13. FATHER SNAME Chesnut 14. MOTHER'S M	AIDEN NAME LI alell
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Cance	Lesnut yardly Pa
a burial-transit permit. remation, ar removal,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	interval between onset and death
a burial-tro	V	Conditions, if ony, which gove (b) (b)	
as a b it, crem		stoting the underlying couse lost. DUE TO (c)	
be used as to burial, c	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
files. 3 should be ent, priar to		20g. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in	iury in Port I or Port II of item 18.)
ined far your files. IRECTOR: Page 3 should designated agent, priar		20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 1964 it 1966 of work of wo	lg., etc.)
for y rok: Po	7	21. I certify that I taak charge af the remains described abave, held an Autapsy	
may be retained far your FUNERAL DIRECTOR: Page salth ar its designated age		ACTUAL OF ALLO POLICE M	NEDICAL EXAMINER BORES, MARCHES SIGNED NT MEDICAL EXAMINER 22. DATE SIGNED
5 may be 170 FUNERAL Health ar i	2	EXAMINER'S DEPUTY	MEDICAL EXAMINER (Street, city, town, or county)
5 m TO FL Heal		230. BURIAL CREMATION, REMOVAL (Specify) Cremation 23b. Date thereof 23c. NAME of CREMATORY Nov 16, 1966 Ft Lincoln Crematory	23d. LOCATION (City or Town) (County) (Stote) Colmar Manor Pro Geo Md.
R A15ME (5)	R	24. FUNERAL DIRECTOR ADDRESS 25c	TE NOV 18 1966 Personal Suspension of the November of the Nove

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

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_____ Person with the state .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/	20020	CERTIFICATE	OF DEATH		15720			
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	nere deceosed lived, if institution: Resid	dence before admission)			
	O. COUNTY HARFORD) MARYLAND	O. STATE MAR	V/And b. COUNTY HI	ARFORD			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporate limits, write RURAL and	give neorest town)			
1+	HAURE de GRA	ce	HAURE	de GRACE	12.1			
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	. ^	e. IS RESIDENCE ON A FARM?			
L	HARFORD Mem	NIAl HOSPITAL	317 Wil	Son St.	YES NO X			
3.	NAME OF First	Middle	Lost	4. DATE Month	Doy Year			
L	(Type or print) AAA	Boy d	ACKSON	DEATH NOU,	3 1966			
S.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		B. DATE OF BIRTH	9. AGE (In years IF UND lost birthdoy) Month:	S Doys Hours Min.			
1	1111010000	VIDOWED DIVORCED	11-3-66	yrs.	6 45			
100	o. USUAL OCCUPATION (Give kind of work done ring most of yorking life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & :		CITIZEN OF WHAT COUNTRY?			
		N/A	Harford (USA			
13.	. FATHER'S NAME							
L	Alvin Jac	sher						
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) {(If yes give wor or dotes of ser	vicel	NFORMANT	Address				
L	No	None Mo	otherSame	e as 2 C & D				
	18. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY:	er line for (a), (b), and (c).)	- 1		INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (o)	remain	iny	A	ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (0), (b) (4) Insorthy Utining Gestation							
	stating the underlying couse				W/E NUMBER			
	lost.) (c) _							
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
2					YES NO			
CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Po	rt I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)			
MET	Hour o.m.	While Not While of work of work	ory, street, office bldg., etc.)					
	21. I certify that (I) (this haspital) attended the deceased fram 1/3, 1966, to 1/3, 1966, that (I) (we) las							
	saw the deceased alive an 11-3 19 66, and that death accurred at 11 P M, fram causes and an the date stated above.							
	220. SIGNATURE 22b. DATE SIGNED							
-	M.D. PHYS. DIRECTOR PHYS.							
	22c. PHYSICIAN'S C. Chan,	M.D.	22d. ADDRESS		1,1			
230	o. BURIAL CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)			
2	REMOVAL (Specify)			, ,				
24	4 PUNERAL DIRECTOR	ADDRESS		RY REGISTRAR 25h REGISTRAR	SSIGNATURE			
1	January January	olowing w	VOMA	7. 1966 Action	ces Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and Shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after dearth

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH 15719 CERTIFICATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Ther please remove carbon papers. Pages V and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or removes, and in any event, within 72 hours after death.

15721

	10101								
	1. PLACE OF DEATH, 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmissic								
1	0	COUNTY / DEF-CE-I	MARYLAND	o. STATE ML b. COUNTY	HARFORD				
	b	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL on	d give neorest town)				
	14	write RURAL and give nearest town)	19 hos	Fodomorphomad ABERDEEN	12.1				
	//	NAME OF HOSPITAL OR INSTITUTION (If not in ho	1 - 1/5-	d, STREET ADDRESS.	e. IS RESIDENCE				
1	11	NAME OF HOSPITAL OK INSTITUTION (II HOT III HO	ispilot, give siteel dodress)	107 ALTON AVENUE	ON A FARM?				
0	H	HARF-ORD / TEMORIA / HOSPITA / SCOONSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
		3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF OF							
	(Type or print) //ARK	ALAN O	SHNSON DEATH NOVEMB					
	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 If UNDER 1 YEAR IF UNDER 2 If UNDER 3 If U							
	/	VALE WI	DOWED DIVORCED	6-14-63 3 Yrs.	oths Doys Hours Min.				
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)				12. CITIZEN OF WHAT				
	duri	ng most of working life, even if retired)	INDUSTRY None	md	COUNTRY?				
	13.	FATHER'S NAME	NOME	14. MOTHER'S MAIDEN NAME					
		Carl Edward Johnson	212	Doris E. King					
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?			12 - 2 - 223				
		s, no, or unknown) (If yes give wor or dotes of servi	(e)		lberdeen, Md.				
		no		arl Edward Johnson, 107 Altor					
		 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 	(b) for (o), (b), and (c).)	/	INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE CAUSE (0)	Le hughan	en and eller	5day				
		DUE TO O ,							
		Conditions, if ony, which gove (b) Septicemen							
rise to immediate couse (o). stating the underlying couse DUE TO									
	11	last. (c)							
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							
	FIG	20o. ACCIDENT WAS UNDERLYING). (Enter nature of injury in Port 1 or Port II of item 18.)						
⊠ OR CONTRIBUTING □ CAUSE OF DEATH									
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor	20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)				
	MEDICAL	Hour o.m.	While Not While fo	ctory, street, office bldg., etc.)	(555)				
		p.m. 19	of work U of work U	11 12 1066 1101 10	10/// 11 11/11/11				
		21. I certify that (I) (this hospital)	aftended the deceosed from $\frac{19}{6}$ and the	ot death occurred at 9^{-5} AM, from causes and	19.66, that (I) (we) lost				
		30W THE deceased office off	198 Cond th						
		220. SIGNATURE	U.	ATTENDING MED. STAFF	2b. DATE SIGNED				
		Joens	1	M.D. PHYS. ADDRESS PHYS. PHYS.	113/00				
		22c. PHYSICIAN'S NAME (Type)	D VIIII	220. AUDRES 4- 1	TPAG. 41				
		JOHN	V. YUIV	11/1/1/10 40 4	14/14/1				
	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OF		(County) (Stote)				
		burial Nov. 16.1		rial Gardens Bel Air	Harford Md				
2	24.	FUNERAL DIRECTOR	ADDRESS		AR'S SIGNATURE				
1	1.5	Howard K. McComas & S	on, Abingdon, Md.	21009 DATENOV 15 1956	10				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cannon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15720 CERTIFICATE OF DEATH
15729

1. PLACE DF DEATH e. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Maryland b. COUNTY Ha	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Rural - Bel Air 32 years	Rural - Bel Air	12.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Moore's Mill Road	1110 Moere's Mill Read	YES ND
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Dey Year
(Type or print) Martha May Jones	DEATH NOVEMBER	1, 19 66
7. MAINTED ET HEVER MAINTED	Me wah 20 1800 M	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	7.0.	TIZEN OF WHAT
during most of working life, even if retired) School Teacher INDUSTRY Education	CO	SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel W. Thompson	Anna Parker	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMAN (Husband) 838-53574448 Moo	rele MI. Rd.
No 219-34-2574 Mr.	F. Russell Jones Bel Air.	Md. 21014
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		l week
334X DUE TO		
Conditions, If any, which (b) Right side hemir	olegia	3 months
gave rise to immediate (cause (a), stating the DUE TO		
underlying cause last. (c) Cerebral vascula	ur disease	?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA1		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.	
	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Hour e.m. While Not While facto	ory, street, office bldg., etc.)	
		Z
21. I certify that (I) (this hospital) attended the deceased from Ju saw the deceased alive on Oct. 31, 1966, and that	ine 1, 1943, to Nov. 1, 196	O_, that (I) OXING last
saw the deceased alive bit 322a. SIGNATURE	t death occurred at M, from the causes and on the	TE SIGNED
	ATTENDING - MED STAFF - NO.	1, 1966
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. NOV.	19 1900
NAME (Type) Willard P. Hudson, M.D.	Forest Hill, Maryland	
	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL NOV. 3. 1966 Mt. Zion Met		
24. FUNERAL DIRECTOR W. Broadway & Willi	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE
	ums NIV 9 1966 Kook	mes judge
Bel Air, Maryland 2	1014 DATE	

VR AI5 (4) 20M 1/65

Joseph William Foster

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH Items 8,9 15721 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY DR TDWN (If outside corporate limits. c. LENGTH DE STAY IN 16 c. CITY DR TDWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and gife neares Town e. IS RESIDENC d. STREET ADDRESS ON A FARM? YES NO TY NAME OF Middle 4. DATE Last DECEASED OF DEATH (Type or print) NEVER MARRIED 8. DATE OF BIRTH (In years IF UNDER 1 YEAR last birthday) Days 12/26/09 WIDOWED DIVORCED 10d. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? XXXX Ashe Co., N.C. Artl. Repairman Govt 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha Alice Brown Thomas Lyall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Lillian Lyall, Aberdeen, Md. 245-03-0160 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate couse (o), DUF TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES II NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceosed from 8. 19 66 that (1) (we) last saw the deceased olive on Mow. 18 1966, and that deoth occurred at M. from causes and on the dote stated above. 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 11-18-66 PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) Churchville. Maryland Ralph Horky M.D. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 11-20-66 Jefferson. Big Ridge Cemetery N.C. Removal REGISTRAR 1 1966 24. FUNERAL DIRECTOR Homes RECD BY

Aberdeen. Md.

DATE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. hos been the 00 director, page 3 should be detached for use should be filed with the Stote Dept. of Health this certificate TO FUNERAL DIRECTOR: After VR A15 (4) 20 M 1/66

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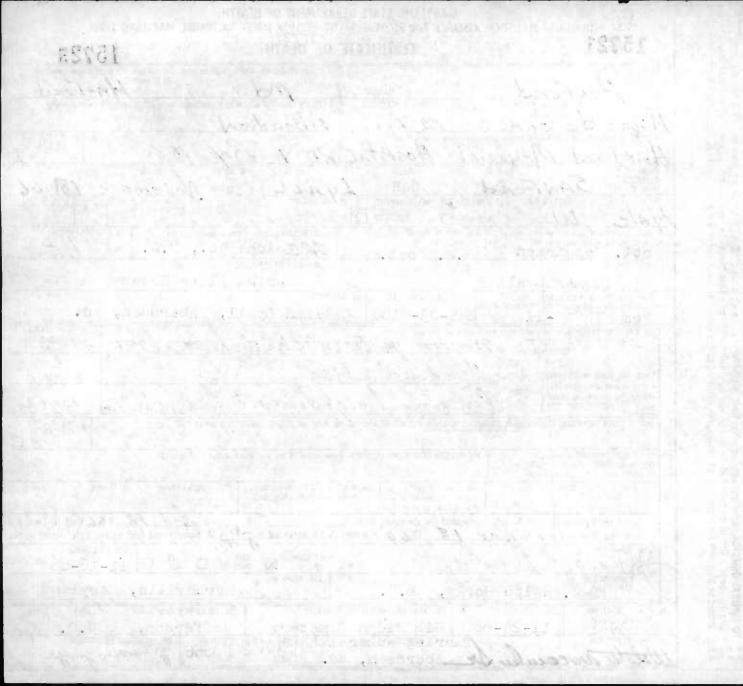
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ahould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15700 CERTIFICATE OF DEATH 15995

1	10066	CLRIIIICA	IL OI DIAIII	101	4.1
	1. PLACE OF DEATH		2. USUAL RESIDENCE (When	e decessed lived, If institution: Resi	dence before edmission)
	COUNTY HARFORD		e. STATE MIO	b. COUNTY HAD	5000
	b. CITY OR TOWN (if outside corporate timits,	c. LENGTH OF STAY IN 1b	CITY OR TOWN III AND THE	corporete limits, write RURAL end g	FORD
	write RURAL and give neerest town)	C. LENGTH OF STAT IN ID	2 11	0 4	ive ilegiesi iOWII)
	TURAL-HAVREDEG-RACE	GOXRS	KURAL-HAVRE D	EURACE MO	12.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		d. STREET ADDRESS		. IS RESIDENCE
0	P.D. #2		R.A. # 2		ON A FARM?
	3. NAME OF First	Middle	Last 4. DAT	'E Month [Dey Yeer
	(Type or print)	1	OF OF	10	. //
	LINIVIA ALB	EYDA U	SBUNN	100 V'	1966
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE Months De-	
	FEMALE WHITE WIDOWED	DIVORCED .	JUNE 7 1882	84 yrs. Months De	73 Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIN	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State	or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	done during most of working life, even if retired) HOUSE WIFE	40ME	MA	45	A
	13. FATHER'S NAME	IOME	14. MOTHER'S MAIDEN NAME	الم	_
	Baning House	110	h T		
	BENJAMIN MARKI	11/2	EMMA JON	ES	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unknown) (Ifyes give wer or detes of service)		NFORMANT	// Address	LIRD,#
	7	- GE	FORGEL USBORI	V. HAUREDEURA	CEMD. 2
	18. CAUSE OF DEATH [Enter only one cause per lip				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	A. Ba			ONSET AND DEATH
	IMMEDIATE CAUSE (0)	a crye			
	DUE TO	0			THE REAL PROPERTY.
	Conditions, if eny, which (b)				
	geve rise to immediate cause (e), stating the underlying DUE TO				
	ceuse lest. (c)				
		RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 10	19. WAS AUTOPSY
		,			PERFORMED?
2	Unenua 1				YES NO
	& JOK CONTRIBUTING CAUSE OF DEATH	TRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pert I or I	Pert II of item 1B.)	
					A CONTRACTOR
	0			City or town) (County) (Stete)
	Hour e.m. While		ory, street, office bldg., etc.)		
			Oct 30 1960	101111	6
	21. I certify that (I) (this hospital) attended				Chat (I) (we) last
	saw the deceased alive on	196	death occurred at A.M., fr	om the causes and on the	date stated above.
	22a. SIGNATURE	/	ATTENDING / MED	STAFF	22b. DATE
	John J	u M	D. PHYS. DIRECTOR	PHYS.	1/2/62
	22c. PHYSICIAN'S		22d. ADDITESS	1 000	100
,	NAME (TYP) SOURID	VUNI	HAURE	do GRAC	6/11
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 1234 I	OCATION (City, town or county)	(State)
	BEMOVAL (Specify)	WESLEYAN	1. (1)	(0)	1.
)	BURIAL 1104.3,1766			ARFORD CO.	MD.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS O	250 REC'D BY RE	GISTPAR 284 (EGISTRAR'S STG	NATURE
	17. Madron Milehall 74	AURE DE TRI	ACE MO, ISSUE	000	0

VR A15 (4) 20M 5-63

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15723

CERTIFICATE OF DEATH

15726

1	1. PLACE OF DEATH					Where deceased lived, if institution	
/	a. COUNTY	Harford		MARYLAND	o. STATE	faryland b. coun	Harford
1		(If autside carparate limit	s, -	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporote limits, write RUR	AL ond give neorest town)
	Write KUKAL on Ba.	d give nearest tawn) Lawin		25 ms	Baldwin,		12.1
1	d. NAME OF HOSPIT	TAL OR INSTITUTION (IF no	ot in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3	For	rk Road			Fork Ro	ad Baldwin, M	1d. 21012/ES NO 3c
-	3. NAME OF	Fi	rst	Middle	Last	4. DATE Month	
	(Type or print)	E1	mer	Leroy	Plowman	OF DEATH 11	
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Doys Haurs Min.
4	Male	White	WIDOWED	DIVORCED	2-18-1906	60 yrs.	
		N (Give kind af wark dane	IN	ND OF BUSINESS OR DUSTRY		& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working	lanner	Mai	rtin Marietta		e, Maryland	U.S.A.
	13. FATHER'S NAME				14. MOTHER'S MAIDEN		
			F. Plov			Anna Zippli	
	 WAS DECEASED EVI (Yes, na, or unknown) 	ER IN U.S. ARMED FORCES? (If yes give war ar dates	of service)		INFORMANT	Addres	2101)
	No		1 2		rs Inez Plov	vman Fork Road	
	18. CAUSE OF D	EATH (Enter only one cau TH WAS CAUSED BY:	se per ing for		the nas	haci	INTERVAL BETWEEN ONSET AND DEATH
	ANT I. DEA	IMMEDIATE CAUSE	. 0	Monary	111207	NUOSIS	15 mins
	Conditions, if any	DUE	100	1 Dirtel	eite Con	Sint Des	6415
	rise to immedia	te couse (o),	10	y vuin	i cui	oud of the	1 110
	stating the unde	erlying couse	(c)				
		IGNIFICANT CONDITIONS (O DEATH BUT NOT RELATED/TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(p)	19. WAS AUTOPSY
	NO NO ZI	0.000	a1100	01. Ob	0014-11	/	PERFORMED?
	NO. ACCIDENT WA	AS UNDERLYING	205. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Part I ar Part II of item 18.)	
	OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)	-			,	
	= (11 2111211, 1101117	URY Month, Day, Year	20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	n, 20f. (City ar town)	· (County) (Stote)
	Hour o.		While	Not White for	ctory, street, affice bldg , etc.		
				ded the deceased fram_	6/21/65	19 11/7	1966that (I) (we) last
1		leceased alive an		1966 and the	at death accurred of	1:40 M, fram causes of	and an the date stated above.
	220. STONATURE		4	11	ATTENDING A	MED. STAFF	22b. DAJE SIGNED
	XXXX	roran	-//	tudow	LD, PHYS.	DIRECTOR PHYS.	11/8/66
	22c. PHYSICIAN'S	BILL	147	+11.x	22d. ADDRESS	TORK M	X '
		CHIFF	DICD I	THUSOL		alch, it.	
1	23a. BURIAL, CREMATI REMOVAL (Specific	v)		23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	
1	burial	11-10	1966	Moreland Me	1 00 0000	Baltimore. D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE
	24. FUNERAL DIRECTO	7			1361 N		Minarles Judge
1	Mannak.	Human Ol	man. 17.	WALROUGH RE	DATE	1000	your more

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove expan papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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FOR STATE HEALTH DEPT.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1912	4	MEDICAL EXAMINER	'S CERTIFICATE C	OF DEATH	1.	5727
I. PLACE OF DEATH			CTATE		ved, if institution: Resid	ence before odmissian)
a. COUNTY	HARFORD	MARYLANI	o. STATE MARY	LAND	b. COUNTY	HARFORD
b. CITY OR TOWN (If autside carparate limits, d give nearest town)	c. LENGTH OF STAY IN 16	(mits, write RURAL and g	ive neorest town)
Forest	Hill			st Hill		12.1
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Sharon	Acres Road		Shar	on Acres	Road	YES NO X
3. NAME OF DECEASED (Type or print)	First GUY	Middle	PRITT	4. DATE OF DEATH	Manth November	Day Year 17 19 66
S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	76 10	st, birthday) Months	R I YEAR IF UNDER 24 HRS. Days Haurs Min.
Male		IDOWED DIVORCED		20	41 yrs.	CITIZEN OF WHAT
during most af warking	N (Give kind of work dane life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	- Ving		COUNTRY? L.S. A
13. FATHER'S NAME	Jasper F	ritt	14 MOTHER'S MAIDEN	NAME ROS	200	n Ro
1S. WAS DECEASED EVE (Yes, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of serv		17. INFORMANT	Pan Pr	Il Address	narin acces
18. CAUSE OF DI	EATH (Enter anly one cause po	er line for (a), (b), and (c).)				INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Diffuse fibrinop	urulent perit	onitis		ONSET AND DEATH
5401	DUE TO					
Canditions, if ony		Perforated gastr	ic ulcer			
stoting the unde						
PART II. OTHER SI	IGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED? YES X NO
200. EXTERNAL CA PRIMARY ☐ OF CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o.r		20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Port II o	f item 18.)	
20c. TIME OF INJU Hour o.r p.r	10	20d INJURY OCCURRED 20e While Not While at work at wark	PLACE OF INJURY (Home, form factory, street, affice bldg., etc.		ty or tawn) (C	County) (State)
21. I certif	y that I took charge of	the remoins described above	, held an Autapsy X,	Inspection	, Inquiry	, and in my opinia
deoth result	ted fram: Natural co	uses X, Accident ,	Suicide , Hamicide	Undet	rermined monner [
ACTUAL	Charle C	8.0	CHIEF MEDICAL M.D. ASSISTANT MED	EXAMINER DICAL EXAMINER	X	22. DATE SIGNED
EXAMINER'S NAME (Type)	Charles S. 8	pringate, M.D.	DEPUTY MEDIC	AL EXAMINER	Novem	ber 18, 1966
230. BURIAL, (REMATIC REMOVAL (Specify	10 11/10	166 23c. NAME OF CEMETERY			ON (City or Town)	(Gounty) (State)
24. FUNERAL DIRECTO		ADDRESS	. 4	D BY REGISTRAR	2Sb. REGISTRAD'S	
11 Mallin	allenand de	red 2124/aski	and At DATE	10V 2 3	1966	The sand

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is	necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta	irectar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page	ained far yaur files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of	Health or its designated agent, prior ta burial, cremation, ar remaval, and in any event within 72 hours after death.	
EPUTY MEDICAL EXA	ssary, please execute	funeral directar. Page	5 may be retained far your files.	NERAL DIRECTOR: Pag	th or its designated a	ó
TO D	nece	the	5 m	TO FL	Hea (0

	15725	MEI	DICAL EXAMINER'S	CERTIFICATE OF	DEATH	157	28
		- for d	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if instituti b. COUN	ion: Residence befor	So 1-1
	b. CITY OR TOWN (If outside write RURAL and give n	de corporote limits, nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RUR	RAL ond give neore	. /
		NSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS 219 WT	homas Si	War	e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	beit Le	e Prui	T+ Lost	4. DATE Month OF DEATH Nove	11/2/-1	219 66
S.	SEX 6. CO	LOR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH	9. AGE (In yeors lost birthdoy) 3 yrs.	Months Doys	Hours Min.
	. USUAL OCCUPATION (Give king most of working life, eve	en if retired)	NOUSTRY Store	11. BIRTHPLACE (Stote of	0 11	12 CITIZEN O	
13.	FATHER'S NAME	3			ANDA PARC		
1S.	WAS DECEASED EVER IN U.S es, no, or unknown) (If yes o	ARMED FORCES? give wor or dotes of service) 2.	SOCIAL SECURITY NO. 17. 44-62-40'73 M	INFORMANT (WIK) 8.	Pruitt FALLS	Ton, MAN	182C.
	PART I. DEATH WAS	MMEDIATE CAUSE (o) DUE TO Gove (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	or (o), (b), ond (c).)	to C0		INI	TERVAL BETWEEN ISET AND DEATH
ATION	PART II. OTHER SIGNIFICA		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED? /ES NO
L CERTIFICATION	200. EXTERNAL CAUSE WA PRIMARY or CONTRIBUT CAUSE OF DEATH.	S 20b. 0	escribe how injury occurred.	**	ort I or Port II of item 18.)		対応。 4所に
MEDICAL	20c. TIME OF INJURY Mo Hour o.m.	onth, Doy, Year 20d. Whill of wo	INJURY OCCURRED 20e. PLA e Not While foc rk ot work	CE OF INJURY (Home, farm, tary, street, office bldg., etc.)	Be/Air	(County)	(Stote)
	deoth resulted fro	t I took charge of the re om: Natural causes [moins described abave, he	eld an Autopsy [], ide [X], Homicide [CHIEF MEDICAL E	, Undetermined me		d in my opinior
	ACTUAL SIGNATURE ZO	roll e Ja	rlmer	M.D. ASSISTANT MEDIC DEPUTY MEDICAL		1-12-	22. DATE SIGNED
	NAME (Type)		elmer h.	Address (Silect,	city, town, or county)		
	REMOVAL (Specify)	23b. DATE THEREOF NOU. 14, 1966	13 El Air MEmo	rial Gardens	33d. LOCATION (City or Tox	rd Co: MA	yland 21014
24	FUNERAL DIRECTOR	m Fo ster w.	Broadway & willie	ms St. 10040	BY REGISTRAR 25h RE	GISTRAR'S SIGNATU	RE

VR A15ME (5)

greph william total

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15726

CERTIFICATE OF DEATH

15729

death and and death	Ti	PLACE OF DEATH, 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
5-5		O. COUNTY HARFORD MARYLAND O. STATE Md. b. COUNTY HARFORD
aft aft		b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
haurs in by the rs. Page	1	HAURE DE PRACE 10 days Belair
4 in 25		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
200	61	TARFORD MEMORIAL HOSPITAL KFD & BOX 30 YES NO
within rely fill ban post within	3	NAME OF First Middle Lost 4. DATE Month Doy Year
d w		(Type or print) / I AUde Virginia No Deats DEATH NOVember & 1 1966
executed with and completely f remave carban any event, with	3	SEX) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
and c remo		Temple Wildowed Divorced September 14, 1890 76 yrs.
be o l	9	bo USUAL OCCUPATION (Give kind of work done unity) 10b. KIND OF BUSINESS OR INDUSTRY Housewife (County & Stote, or foreign country) 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? U.5.
g physician Ther please movar, and		3. FATHER'S NAME ElizA J. Huddleston
the death ce le attending t permit. Th Ition, ar rem		S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sau 88-6139 Address
att perrion,	=	Yes, no, or unknown) (If yes give wor or dotes of service) 212-32-4622 Mr. ONN'E K, Toberts BEI Air manyland 21014 18. CAUSE OF DEATH (Enter only one couse per limitor (o), (b), and (c).) INTERVAL BETWEEN
that the by the ransit remat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
s the		578X DUE TO C C 11 D
uire hysi gne gne urial urial	- 1	Conditions, if ony, which gove is to immediate couse (o),
ding plant by the burt to burt of the burt		stoting the underlying couse (s). [c] DUE TO DUE TO Country Countr
tten le lo as b as b as pric	/ 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Y(o) 19. WAS AUTOPSY PERFORMED?
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SICIAN spital entificated for ed for af He	CEDITEICATION	
PHYSIC ne haspi this cert etached Dept. a	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
de the lite	AAE	Hour o.m. While Not While of work of
Afte Afte Sto		21. I certify that (I) (this haspital) attended the deceased fram //-/8 , 19 66, to Nov. 27, 19 64, that (I) (we) last
OR: aufo		saw the deceased alive an Novembre 2719 66, and that death accurred at 1240 M, fram causes and on the date stated above
OR ATI be retail DIRECTO 3e 3 sha led with		220. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED
	1.	M.D. PHYS. DIRECTOR PHYS. PHYS. 22d. ADDRESS
RAL RAL Po	11	NAME (Type) William K. BrENdlE, M.D. Hower de Grace, Maryland
TO HOSPITAL OF Page 4 may be to FUNERAL DIR director, page shauld be filed	2	30 RURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Page O FUN direct shaul	-	Burial (Specify) DECEMBER 1,1966 Summerfield Meth. Ch. CEM. Fries, Grayson Co. Virginia
		24. FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66		Jupe william from BEI Air Manyland 21014 DATE NOV 29 1956 Milander Judge
	14	Joseph William Foster

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Cordina Dailman

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

157	27			CERT	IFICATE	OF DEATH		157	30
a. COUNTY	HAR	ford			ARYLAND	o. STATE	here deceased lived, if in b.	COUNTY	ARFORd
write	AURAL and give		RACE	c. LENGTH OF STA	/	Kock	side corparate limits, writ	e RURAL ond give	12-1
HAR.	hed	Memo	- /	HospiT	61	d. STREET ADDRESS	Hill &	2 Ad	e. IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF DECEASED (Type or p	orint) J	aMes f	C/A	Middle RENCE	5	biNSON	OF DEATH NEV	ember.	
MAL	EC	OLOR OR RACE	7. MARRIED WIDOWED	NEVER MARE DIVOR	CED B	DATE OF BIRTH 12/17/188		yrs. Months	Days Haurs Min.
during mast o	f working life, ev borer	kind af wark done ven if retired)	INI	ND OF BUSINESS OR DUSTRY Ne Quar		Fallston	State, or foreign country) Marylan	COU	IZEN OF WHAT JINTRY?
13. FATHER'S	d L	BARNES	Robin	VSON			ine Rainb		
		.S. ARMED FORCES? s give wor or dates	af service)	ocial security no 12–4084		s. Grace			ill Road
	DT I DEATH IALA	(Enter only one co S CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).) ia, chro					INTERVAL BETWEEN ONSET AND DEATH
rise to it	he underlying	se (a), ((b)	Candia		ar ^R enal Di			2
PART II.	OTHER SIGNIFIC	ANT CONDITIONS				HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONT	IDENT WAS UNDI RIBUTING CA R, NOTIFY MEDIC	USE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter nature of injury in P		s.)	
20c. TIN	E OF INJURY N Hour a.m. p.m.	Nonth, Day, Year	20d. IN While ot wark	JURY OCCURRED Not While at work	20e. PLAC	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or taw	n) (Caur	nty) (State)
21. sov	I certify the	at (I) (this hosed olive on_	spital) ottend	ed the deceose	ed from N	ov. 19. , 19 death occurred ot	66 to Nov.	25, 19 <u>6</u> ses ond on th	6, that (I) (500) love date stated above
	GNAJURE	and f	? Af	edso	M.D		MED. STAFF DIRECTOR PHYS.		26, 1966
	YSICIAN'S AME (Type) W	illard P	Hudso				Hill, Maryla		
Buri	al (Specify)	23b. DATE TH	EREOF 9/1966			M.E.	23d. LOCATION (City of Federal	Hill.	(County) (Stote) Maryland
24. FUNERAL Charl	DIRECTOR \mathbb{E}_{ullet}	Kurtz	Jar	ADDRESS	ille.	Md DATE NO		b. REGISTRAR'S SIG	les Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral

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16761 La carriera de la concela almenia de the and owner of the said And the second of the second o CALLES NOT INC. LEGISLAND TO THE MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 7			15728		CERTIF	FICATE	OF DEATH		15731	
by the funeral seconds. Poges 1 and 2 hours after death.			PLACE OF DEATH				2. USUAL RESIDENCE (When	e deceased lived, if institu	tian: Residence befare admission)
function of the desired			COUNTY HArte	ord		YLAND	MC	γ	HARtord	
the oge		1	CITY OR TOWN (If autside co		c. LENGTH OF STAY	IN 1b	V 1	erparate limits, write RI	JRAL and give nearest town)	
by P		1	NAME OF POSPITAL OR INSTA	TUTION (If not in basnital	a one street address	15	d. SPRIET ADDRESS	711	e. IS RESIDE	FNCF
led ir aper n 72	66	1	1 / / / / /	morial /	Has OI tal	1	1/1	e Rd.	ON A FAR	RM?
ond completely filled in by the fur remove carbon papers. Pages 1 in any event, within 72 hours after			NAME OF DECEASED	First	Middle	01) Last / 4.	DATE OF DEATH NOVE	1 - 0	1
plete cart,			Type ar print) EX 6. COLOR	OR RACE 7, MARRIEI	D NEVER MARRIE	10/18.	DATE OF BIRTH	9. AGE (In years	IF UNDER LYEAR IF UNDER !	26 24 HRS.
com nove ny ev		1	dole Whi	TE WIDOWE			uly 15 1890	3 last birthday) Yrs.	Manths Days Haurs	Min.
n ond		10a dyr	USUAL OCCUPATION (Give kind ng mast at working life, even if r	retired)	KIND OF BUSINESS OR INDUSTRY	.0	11. BIRTHPLACE (County & Sto	ate, ar fareign country)	12. CITIZEN OF WHAT .	
physician en pleose		13	FAJHER'S NAME	u my	gran cg	zup	PETW CO.	The state of the s	n no	
phys	ソ	,,,	Herman	ulenach:	1	0	Tophia !	Telsee "	larce of	Pd
ding t. Th			WAS DECEASED EVER IN U.S. ARI		6. SOCIAL SECURITY NO.	17. INF	ORMANT	Add	3/5 Hundre	- 1
offen ermi ermi		110	no		46-10-0	117/	ulliam 1(2x	fendent	Dollar.	m
an. by the ottending pransit permit. The cremation, or remagn	,		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	ISED BY:	1- 1	onany	lailen d	consentation.	INTERVAL BETWO	
by tran	13		163X	DUE TO	ridio - puln	unany	factor 1	conjustacit.	Low	2
physic signed buriol- buriol,			Canditians, if any, which gav		nonhagie a	avitas	of Cascin orga	of lung	years	
on sing of the burners of the burner			stating the underlying caus	B DOF 10	0	0		/	1	
tendir ss bee as th as th			PART II. OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT BE	LATED TO THE	TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTO	PSY
	0	ATION	TAKT II. OTHER SIGNIFICANT	ONDINONS CONTRIBUTION	O TO DEATH DUT NOT KE	LATED TO THE	TERRITORE DISEASE CONDITI	011 011 011 111 1111 11(0)	19. WAS AUTOF PERFORMEN YES N	D?
ficate he for use for use frealth		CERTIFICATION	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ☐ CAUSE OF		DESCRIBE HOW INJURY O	CCURRED. (En	ter nature of injury in Part	I ar Port II of item 1B.)		
certification of the of			(IF EITHER, NOTIFY MEDICAL EX	AMINER)	MUNIC OCCUPAND	Loo Dies	oc many (II)	006 (6:1 - 1 - 1	//	2-4-1
the the deta		MEDICAL	20c. TIME OF INJURY Manth, Haur a.m. p.m.	Wh	. INJURY OCCURRED nile Nat While vark at wark		OF INJURY (Hame, farm, r, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (Si	itate)
d by After d be e Stat			21. I certify that () (this haspital) ofte	ended the deceosed	from_N	04, 15 , 196	06, to NOV 1	7 , 1966 that (1) (w	ve) last
OR: OR: h th			saw the deceased of	live on NOV-	17 1966,	and that o	death accurred of	M, from couses	ond on the date stated	abave
be ret DIRECT DI			22d. SIGNATURE CONS	njolet		M.D.	ATTENDING MED PHYS.	O. STAFF PHYS. [11/17/16	
	1		22c. PHYSICIAN'S NAME (Type)	W. GRIG	OLEIT		122d. ADDRESS HAVRE CA	le Grace	Harford n	ud
Poge 4 moy role function, poge director, poge should be f	- '	230		3b. DATE THEREOF	23c. NAME OF CEM	ETERY OR CR	EMATORY	23d. LOCATION (City or T	awn) (Caunty) (Sto	ote
Poge To Fur direct	0	1	REMOVAL (Specify)	Nov- 19 19	64 mountain	n Chri	stran com	Joppe	Harfard.	no
VR A15 (4) 20 M 1/66	(B)	24	FUNERAL DIRECTOR	71010-	ADDRESS		DATE NO		REGISTRÁR'S SIGNATURE	
20 M 1/00	D		100 04	when	, veno	WYL 1	DATE INU	2 2 1966	Milarles Juda	LL

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AND OF SEPTEMBER SEPTEMBER OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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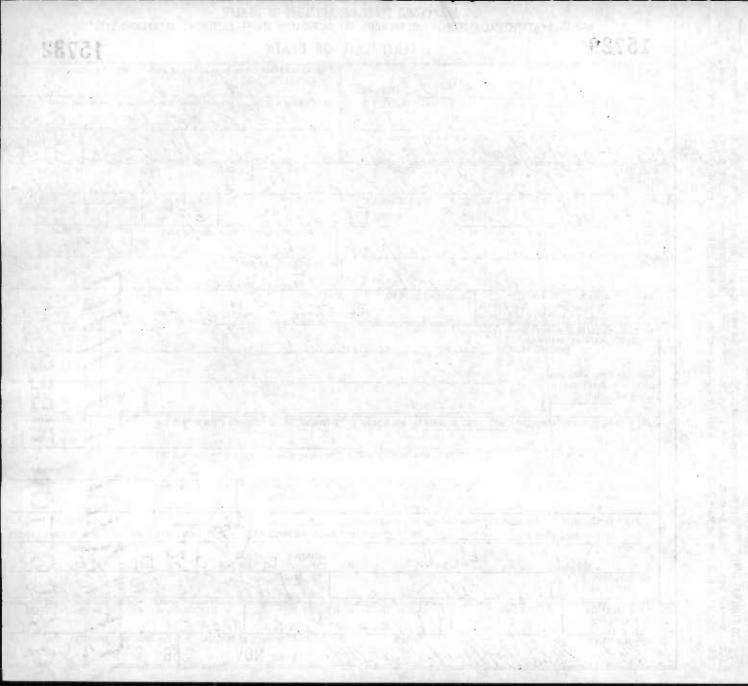
CERTIFICATE OF DEATH

15732

						1040.3
		PLACE OF DEATH O. COUNTY HOPE	a pd	2. USUAL RESIDENCE (Whe o. STATE	re deceosed lived, if institution b. COUNT	n: Residence before odmission)
	/	b. CITY OR TOWN (If outside copporate limits write RURAL and give negres town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporate limits, write RURA	and give neorest town)
	17	d. NAME OF HOSPITAL OR INSTITUTION (IF pot in hospit	ol, give street oddress)	d. STREET ADDRESS	e-98-0	e. IS RESIDENCE ON A FARM?
6	1	tarFord Memo	RIAL HOSPITAL	72800	oth Unio	YES NO NO
		NAME OF DECEASED (Type or print)	almer 5	WILLER 4	DATE Month OF DEATH	Doy Year
	_	SEX 6 COLOR OR RACE 7. MARRI		8. DATE OF BIRTH	1-11	IF UNDER 1 YEAR IF UNDER 24 ARS. Months Doys Hours Min.
	100	SUAL OCCUPATION (Give kind of work done 10b	ED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (County & St	tote or foreign country)	12. CITIZEN OF WHAT
	dyri	ing most of working life, even if retired)	HOUSTRY ReTired	Pa		COUNTRY?
		FATHER'S NAME	< /	14. MOTHER'S MAIDEN NAM	E / - /	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT 3	abel n Address	· ·
	(Ye	s, no, or unknown) (If yes give wor or dates of service)	Tho	Steels T. S	1 1 11.	PETRACEMO
		18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:	for (o), (b), ond (c).)	0 1 0	11	INTERVAL BETWEEN ONSET AND BEATH
		HAMEDIATE CAUSE (o)	gocara	ual w	facci	en Soldy
H		Conditions, if ony, which gove rise to immediate couse (a),	0			
		stoting the underlying couse DUE 10				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TON GIVEN IN PART 1(o)	19. WAS AUTOPSY
0	ATION					PERFORMED? YES NO
	L CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	I or Port II of item 18.)	
	MEDICAL	Hour o.m. W		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (I) (this hospital) of			66 to 2003	, 1900, that (I) (we) lo
		saw the deceased alive on 220	19 0 and that	,		nd on the dote stated abav
		John L	fun M.		D. STAFF PHYS.	11/6/66
1		22c. PHYSICIAN'S NAME (Type) JOHN	D. Yun	22d. ADDRESS	E de GK	PACE, My
	230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	10 11 -
	24	FUNERAL DIRECTOR	ADDRESS	CHAPEL 250. REC'D BY	REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE
	7	Madie Mathell A	weeks Strang Ille	DATE NO	V 9 1966 8	Charles Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after deoth. certificate be executed within 24 hours after death. **FOR HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH 15730 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15733 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Harford MARYLAND	a. STATE Md b. COUNTY
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Jarrettsville 2 yrs. 10 mos	BALTIMORE 30.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Samuel Bevard Nursing Home	2017MiltENRY IT YES NO
3. NAME DF First Middle DECEASED THEODORE S	Last 4. DATE Month Day Year DF DFATH November 27 19 66
(Type of printy	
7. MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. IFUNDER 24 HR
Male White WIDOWED DIVORCED	July 12, 1975 15 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cottlieb Sommer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / Address /
(Yes, no, or unkown) (If yes give war or dates of service) 212=32=1148	s AGNOS Keelen. 2017 McHENRY BOOKS and
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Aleukemic	
204,4 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S Generalized arteriosclerosis; chr. art	ceriosclerotic cardio-vascular YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO CONTRIBUTING TO DEATH BUT NOT RELIED TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part 1 of Rem 18.)
	(0444)
19 facts	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
P.m. 19 While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from	Ian. 1964 to Nov. 27 , 1966, that (I) (we) last
saw the deceased alive on 11-17-66 19 and tha	t death occurred at 9:15m, from the causes and on the date stated above.
22a. SIGNATURE	2.M. 22b. DATE SIGNED
Willard P. Hudson M.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Willard P. Hudson, M.D.	2323 Rock Spring Road, Forest Hill, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Nov 30 1966 New Cathedre	al Cem Baltimore Ad
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Thomas J Kenny, Inc 1600 Hollins Balto. M	d DATENOV 30 1966 yellarles Judge

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FOR STATE

any delay is

pencil in Item 18. Give Pages 1, 2, and 3 ta miner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death, If

the funeral directar. Page 4 shauld be farwarded ta the Chief Medical

necessary, please execute the certificate, writing the ward "pending"

pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, crematian, or remaval, and in any event within 72 haurs after death. Tile. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND R 15731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
MINER'S CERTIFICATE OF DEATH	15734

1. PLACE OF DEATH O. COUNTY # 3 + 50 + 0 MARYLAND	USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. (COUNTY						
b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
write RURAL and give nearest lawn)	Eph RATE 75-3						
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
HOTTOTUMOMONNI HOSPIN	15 1/5 5731 & 3V YES NO 1						
3. NAME OF DECEASED (Type or print) RICHARD STRING	OF DEATH NOVEMBY 13 19 66						
AA	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
WIDOWED DIVORCED	6NE11, 1945 23 VIS.						
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LINDUSTRY 10c. VSUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	14. MOZHER'S MAIDEN NAME						
IVEN W. STINL	CLROLINE SCHRINTZ						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes give war or dates of service)	NFORMANT Address						
No 1/	RECERCINE STENL, EPHRATE, VE.						
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
8254 IMMEDIATE CAUSE (o)	e s/cull						
(Conditions, if any, which gave) (b)	e Pelvis						
rise to immediate couse (a), stating the underlying cause DUE TO							
lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T 20a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 1B.)						
A A A A A A A A A A A A A A A A A A A	V						
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 0 20e. PLAC While at work at work at work 20d	E OF INJURY (Hame, form, op, street, affice bldg., etc.) 20f. (City or town) (County) (State) Covowing Cecil Aff						
21. I certify that I taak charge of the remains described above, hel							
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER							
230 BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CEMETERY OF CEMETE	REMATORY 23d. LOCATION (City or Town) (County) (State)						
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Terrement of La Hour de Cha	Mod DATE NOV 15 1966 Ochania Julia						

VR A15ME (5) 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15732 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) B TOOK IS RESIDENCE ON A FARM? d. STREET ADDRESS (If not in hospital, give street address) 407-17/ HOSF: NO E 3. NAME OF Middle DATE Month OF DEATH Novenh DECEASED (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Months DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND O BUSINESS OR COUNTRY? during most of working life, even it retired) INDU ouseville ATHER'S NAMI 14. MOTHER'S STRATIS LOWES WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address WOODBRIDGE, (Yes, no, or unknown) (If yes give wor or dotes of service) MERCER UNK 6 INK INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. (City or town) 20c. TIME OF INJURY Month, Dov. Year (State) foctory, street, office bldg., etc.) Not While Rec. ot work ot wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Z and in my apinian death resulted from: Homicide Natural causes Accident K Suicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **DEPUTY MEDICAL EXAMINER EXAMINER'S** Address (Street, city, town, or county) NAME (Type) DATE THEREO 23d. LOCATION (City or Town) (County) (Stote) MOVAL (Specify) GOIS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1966

This certificate shauld be executed within 24 haurs after death. pages I rd "pending" in pencil in Chief Medical Examiner's File permit. **burial-transit** please execute the certificate, writing the ward the farwarded ta 0 SD OS nsed pe 4 shauld be 3 should AL EXAMINER: may be retained far yaur FUNERAL DIRECTOR: Page Page the funeral directar. O DEPUTY MED 5 may be 1 TO FUNERAL Health ar i necessary,

FOR STATE HEALTH DEPT.

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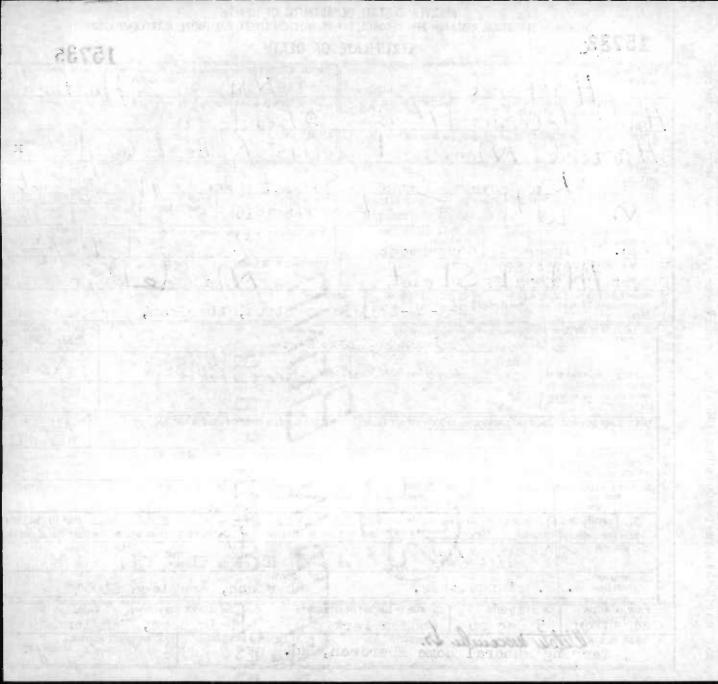
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF BEATT.

. 2	M		19499		CERTIF	ICATE OF DEATH		15735
r deoth			PLACE OF DEATH A GC	food	MARY	o. STATE	here deceased lived, if instituti b. COUN	ian: Residence befare admission)
Adificate be executed within 24 hours after deothers of the solution and completely filled in by the funeral physician and completely filled in by the funeral en please remaye carban papers. Pages I and aval, and in any event, within 72 haurs after deathered		1	PETY OR TOWN (If autside carpo write RURAL and give nearest t	Frace.	c. LENGTH OF STAY II	0/	ide corparote limits, write RUK	1 2 / RESIDENCE
hin 24 ho filled in papers.	66		Hartord	1. 1	rorial	3159	To berts	Clay yes No F
e executed within 24 had and completely filled in remave carban papers.			NAME OF DECEASED (Type or print)	First Lgene	Middle	y Stout	4. DATE Mont OF DEATH MONT	h Jay Year Je Londer 24 HR
any even	-	S.	SEX (6. COLOR OR	RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	20 11.1. 707	9. AGE (In yeors birthday) yrs.	Months Days Haurs Min.
icate be e sician and please re j, and in a		dur	USUAL OCCUPATION (Give kind of working life, even if retire the Engine of	ed) INC	ob of Business or pustry renment	11. BIRTHPLACE (County &	1/a	12. CITIZEN OF WHAT COUNTRY?
Then Premayal,			FATHER'S NAME 77 ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?	33333	tout	14. MOTHER'S MAIDEN N	Naude	Daff
endende			WAS DECEASED EVER IN U.S. ARMED s, no, or unknawn) (If yes give wor NO		OCIAL SECURITY NO. 23-24-123	17. INFORMANT 3 Peggy Stout	, Aberdeen,	Maryland
the the notice matrice			18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA	y ane cause per line far (BY: TE CAUSE (a)	(a), (b), ond (c).)	oldema		INTERVAL BETWEEN ONSET AND DEATH
equires the physician. signed by burial-trar burial, crea			Conditions, if any, which gave	DUE 10 (b) (c)	ertenwick	entre front	disease	10 Xear
0 0 0			rise ta immediote cause (o), stating the underlying couse last.	(c)				
rsician: The law sopital ar attendir certificate has been hed for use as the first earth priar it af Health priar it.	0	ATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	O DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury in Po	ort 1 or Port II of item 18.)	
the harthis detacle		MEDICAL	20c. TIME OF INJURY Month, Dar Haur o.m. p.m.	y, Year 20d. IN While 19 at wark	Nat While	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)	×100	(County) (State)
R: After old be the Stat			21. I certify that (I) (saw the deceased aliv	this haspital) attend	led the deceased	fram 15, 19	0.5 , ta $1.1/\sqrt{3}$ 0.5 M, fram causes	
L OR ATT be retail DIRECTO			220. SIGNATURE 3	Plunter	the h		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 66
SPITAL OR 4 may be IERAL DIR ar, page 3 d be filed	/		22c. PHYSICIAN'S NAME (Type) B. T.	Plunkett	(Jr.	22d. ADDRESS Aberde	en, Marylan	d 21.001
Page 4 may b TO FUNERAL D directar, page should be file	2	230	REMOVAL (Specify)	Dec 66	Voudon	TERY OR CREMATORY Park	23d. LOCATION (City or Too Baltimore,	tul.
VR A15 (4)	B	24	FUNERAL DIRECTOR WELLOW	Kucoulu Funeral	ADDRESS			GISTRAR'S SIGNATURE Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	1		15734	CERTIFICATE	OF DEATH		15737
deoth.			PLACE OF DEATH			deceased lived, if institution: Res	sidence before odmission)
funeral 1 and 1 er dear	1		COUNTY HARFIRD	MARYLAND	a. STATE MARY/	b. COUNTY	ARFIRE
by the face Poges			 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	orporate limits, write RURAL and	give nearest tawn)
by Pour			HAURE DE GRACE	E 16 days	BelAIR		1211
n 24 hc	1.6		A. NAME OF HOSPITAL OR INSTITUTION (If not in	. // /	d. STREET ADDRESS	/ -	e. IS RESIDENCE ON A FARM?
filled pope pope thin 7	LOY		HARFIRD Memoris			Box 165	YES NO
that the death certificate be executed within 24 hours after deoth an. by the ottending physician and completely filled in by the funeral- ronsit permit. Then please remove carbon papers. Pages 1 and 2 remation or removal, and in ony event, within 72 hours after death			NAME OF DECEASED Type or print) AMANA	MARGARET	Ziehnert	PATE Novemb	P 10 19 66
omp ve eve		S.	/ // >	A	B. DATE OF BIRTH	9. AGE (In years IF UN Mont	hs Days Hours Min.
ond corremon					14 Mar. 1884	OC yrs.	
be or		10o duri	USUAL OCCUPATION (Give kind of work done ng mast af warking life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote		2. CITIZEN OF WHAT COUNTRY?
icate b			Housewille	Home	Smithton,	III.	COUNTRY? U.S.A.
tific hys		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1111	
that the death certificate to an. by the ottending physician ironsit permit. Then please cremation, or removal, and	CT	100	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	CARGIIN	E HIING Address	475
andir nit.	6	(Ye	s, no, or unknown) (If yes give wor ar dates af ser	vice)			da. 202
ottendii permit.			No I		lian F. Zie	nnert Bel A	ir, Md.
t the			 CAUSE OF DEATH (Enter only one cause popular in DEATH WAS CAUSED BY: 	er line ter (a), (b), and (c).)	Sailure		INTERVAL BETWEEN ONSET AND DEATH
that an. by th tronsit			IMMEDIATE CAUSE (a) _	1 mana y	6/-		
physici physici signed burial- burial-	3.5		Conditions, if any, which gove) (b)	Cardiac Olive	rest		42 hrs.
			nise to immediate cause (o), stating the underlying cause DUE TO	Q10 6	11 Chol	ecistectomy o	
IAN: The low roll or attending icote has been for use os the Heolth prior to			last. (c)	Ofplora tory,	lap - Pu	Lada	
tten as b os		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I GE	19. WAS AUTOPSY PERFORMED?
br de he	2	CERTIFICATION				0	YES NO
ficol for for He		IEI I	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	Enter nature af injury in Port I	or Port II af item 1B.)	
rsici ospit certif hed t. of			(IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYS ne hosp this cer etache Dept.		MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur a.m.		E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
NG the er the e de		×	p.m. 19	at work U ot work U			
Africa de bide			21. I certify that (I) (this haspita				1966, that (I) (we) last
OR OF H			saw the deceased alive on 220. SIGNATURE	19 06, and mor	deoth occurred of 23	frid.	in the date stated above.
OR ATTENI be retained DIRECTOR: A ge 3 should ed with the			(horles)	foley fr - M.		STAFF C	11/10/66
TO HOSPITAL (Poge 4 may b TO FUNERAL D director, poge should be file	1		22c. PHYSICIAN'S NAME (Type) Charles J.	Foley Jr. M.D.	22d. ADDRESS Havre de	Grace, Mar	yland
Be 4		230	BURIAL, CREMATION, 23b. DATE THEREO			Bd. LOCATION (City or Town)	(Caunty) (State)
5 5 5 E			REMOVAL (Specify) Burial 11-12-	<u> </u>		Bel Air,	Maryland
VR A15 (4)		19	FUNERAL DIRECTOR Tarrin		and DATE NO		liantes Judge
20 M 1/66	Las	Y	my Dilannama	Aberdeen, Maryl	and DATE NU	TA Ihon	0 9

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